

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084535

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: CARRE INTERNATIONAL, LLC

**Current Principal Place of Business:**

4450 NW 74 AVE.  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

4450 NW 74 AVE.  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 20-3648204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLOBAL HUMAN CAPITAL SOLUTIONS, INC.  
1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: QUINTERO, PAOLA GONZALEZ  
Address: 4414 NW 74TH AVE  
City-St-Zip: MIAMI, FL 33166

Title: MGR ( ) Delete  
Name: AVILES, ENRIQUE SUAREZ  
Address: 4414 NW 74TH AVE  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GONZALEZ-QUINTERO, PAOLA  
Address: 4450 NW 74TH AVE  
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Change ( ) Addition  
Name: SUAREZ-AVILES, ENRIQUE J  
Address: 4450 NW 74TH AVE  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ENRIQUE J. SUAREZ-AVILES

MGR

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date